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“Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths” ~Lancet 2006

High Impact Practices in Family Planning

What are High Impact Practices?

High Impact Practices (HIPs), when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy. This list is **not** intended to constitute or replace a strategy, which should be informed by the [Elements of Success in Family Planning Programming](#) and driven by country context.

How are practices identified and selected?

In an effort to support the U.S. Government’s (USG) renewed focus on evidence-based programming to support the Global Health Initiative, the Office of Population and Reproductive Health created a Technical Advisory Group (TAG). The TAG is made up of over 25 representatives from USAID/Washington, donor agencies, research institutions and service delivery organizations identified as international experts in family planning research, programming, and implementation. The TAG meets at least once a year to review evidence and make recommendations on updating and implementing High Impact Practices.

Create an Enabling Environment

Creating an Enabling Environment facilitates implementation of HIPs in service delivery. The following HIPs are identified based on expert opinion and demonstrate correlation with improved health behaviors and/or outcomes. These outcomes include improvements in unintended pregnancy, fertility, or one of the primary proximate determinants of fertility (increased modern contraceptive use, delay of marriage, birth spacing, breast feeding).

- Implement **supportive government policies** including financing and budget line items for family planning.
- Invest in **contraceptive security** by developing an effective supply chain, supportive policies and regulations, financing, coordination and planning, and commitment.
- Ensure **contraceptive choice** by making a wide range of family planning methods available.
- Enable informed and voluntary decision-making by implementing a **systematic evidence-based SBCC*** strategy.
- Develop in-country capacity to **lead and manage** family planning programs.
- Advocate to keep **girls in school**.

High Impact Practices in Service Delivery

HIPs in service delivery are identified based on demonstration and magnitude of **impact** on service utilization, including contraceptive use and continuation; contribution to ensuring informed choice and volunteerism; and potential application in a wide range of settings. Consideration is also given to the evidence on **replicability**, **scalability**, and **sustainability**. The TAG recognizes the importance of **cost-effectiveness** and notes the lack of data on cost and cost-effectiveness. The TAG recommends this area as a high priority for future research.

* Social Behavior Change Communication (SBCC)

The role of the TAG is to categorize service delivery practices based on the strength and consistency of the evidence-base. The categories (*Proven*, *Recommended*, *Emerging*) are based on criteria used by the World Health Organization Department of Child and Adolescent Health as part of a similar exercise.ⁱ

Proven: Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality and cost, and operations research to help understand how to improve implementation.

- Train, equip and support **community health workers (CHW)** to provide a wide range of family planning methods. In addition to pills and condoms, CHW can safely and effectively provide EC,[†] injectables, SDM[†], and LAM[†] and refer for LAPM[†].
- Offer family planning counseling and methods at the same time and location where women receive **post-abortion care services**.
- Support distribution of a wide range of family planning methods through **social marketing**. In addition to condoms and pills, social marketing programs can safely and effectively distribute emergency contraceptives, injectables, Cyclebeads® for SDM, and IUDs.
- Disseminate locally designed and tested family planning messages through **multiple channels** including the media and community networks to promote social and behavioral norms.

Recommended: Good evidence exists that these interventions can lead to impact; more information is needed to fully document implementation experience and impact. These interventions should be promoted widely provided that they are being carefully evaluated both in terms of impact and process.

- Offer a wide range of family planning methods through **mobile outreach services**.
- Train and support **pharmacists and drug shop keepers** to provide a wide range of family planning methods. In addition to condoms and pills, pharmacists often play a key role in providing injectables, EC, and Cyclebeads® for SDM.
- Offer family planning services to postpartum women (up to 12 months after birth), such as screening women during routine child **immunization contacts**.

Emerging: Some consolidation of the knowledge base, some research indicating associations, some initial experiences with developing interventions exist, but there is a need for more intense intervention development and research. Incorporation of these interventions into programs should carefully consider investments until more research has been completed.

- Support **public-private partnerships** through NGO contracting, franchising and vouchers.
- Support provision of family planning services and information dissemination through **mobile phone technologies**.

For information and recommendations on the list of High Impact Practices please contact Shawn Malarcher at smalarcher@usaid.gov, Nandita Thatte at nthatte@usaid.gov, or Jewel Gausman at jgausman@usaid.gov.

ⁱ Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries, UNAIDS Inter-agency Task Team on Young People (World Health Organization: Geneva, 2006).

[†]Emergency Contraceptives (EC); Standard Days Method (SDM); Lactational Amenorrhea Method (LAM); Long Acting Permanent Methods (LAPM)